



100 Nassau Ave  
 Atlantic Beach, NY 11509  
 Ph: 516-371-0972  
 Email: [office@jcabshul.org](mailto:office@jcabshul.org)  
 Website: [www.jcabshul.org](http://www.jcabshul.org)

<b>FOR OFFICE USE ONLY</b>	
DATE RECEIVED: _____	
To Rabbi: _____	Rabbi's Approval: _____
To Board: _____	Board's Approval: _____
Membership Type: _____	
C Contact: _____	ShulCloud: _____ Aliyah Card: _____
EM Congrat: _____	Welcome Ltr: _____ SU Welcome: _____
Bar / Bat Mitzvah: _____	Pmt Recd / Processed: _____

## Membership Application

I am applying for: Family Membership \_\_\_\_\_ Single Membership \_\_\_\_\_ (please choose one)

Name (Male) Title: \_\_\_\_\_ Last: \_\_\_\_\_ First: \_\_\_\_\_

Name (Female) Title: \_\_\_\_\_ Last: \_\_\_\_\_ First: \_\_\_\_\_

Primary Residence Street: \_\_\_\_\_ City / State: \_\_\_\_\_ Zip: \_\_\_\_\_

Summer / Winter Residence: Street: \_\_\_\_\_ City / State: \_\_\_\_\_ Zip: \_\_\_\_\_

To which address should we send mail? \_\_\_\_\_

Marital Status: \_\_\_\_\_ Anniversary: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If divorced, who arranged the Get (religious divorce): \_\_\_\_\_

<b>MALE APPLICANT:</b>	<b>FEMALE APPLICANT:</b>
DOB: _____	DOB: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Mobile Phone: _____	Mobile Phone: _____
E-mail: _____	E-mail: _____
Occupation: _____	Occupation: _____
Hebrew Name: _____ (English Spelling)	Hebrew Name: _____ (English Spelling)
English: _____ (Father's Name)                      (Mother's Name)	English: _____ (Father's Name)                      (Mother's Name)
Check one: <input type="checkbox"/> Cohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisrael	Maiden Name: _____
Bar Mitzvah Parasha: _____	

Are there any conversions or adoptions in your immediate family? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain and provide a copy of all the relevant documents:



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**CHILDREN LIVING AT HOME**

Full Name	DOB	Time of Birth	Gender	School	Grade	Hebrew Name (English Spelling)

**\*IMPORTANT: Approx time of birth is NEEDED to calculate your child's correct Bar / Bat Mitzvah Date**

**CHILDREN LIVING ON THEIR OWN**

Full Name	DOB	Place of residency	Spouse / No. Of children	Hebrew Name (English Spelling)

**Yahrzeit Record (additional names may be written on the back of this page)**

Name of departed (English and Hebrew)	Secular Date of Passing	Relationship (specify applicant)



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**Previous & or / other congregational affiliations**

<b>Name &amp; City</b>	
<b>How long have you been an active member?</b>	
<b>Do you have any outstanding obligations?</b>	
<b>If yes, please explain</b>	

**Member Interests**

*We encourage our membership to play an active role in synagogue life.*

*Please check the box to indicate the areas you and your family have an interest in participating in:*

	Leadership		Membership		Music / Instrument
	Adult Education		Kiddush Prep / Set-up		Torah Reading / Leading Tefillah
	Youth Programming		Holiday Programming		Chessed Opportunities
	Library		Ritual Committee / Gabbai		Chevra Kadisha
	Special Events		Young Adult Programming		Other (please include)



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## **ANNUAL FEES**

### **Family Membership Fees:**

- \$2,000 a year
- \$50 for Men's Club & Sisterhood Dues
- \$180 Security Assessment
- Total: \$2,230

### **Single Membership**

- \$1,000 a year
- \$25 for Men's Club & Sisterhood Dues
- \$90 Security Assessment
- Total: \$1,115

*Full paying members agree to contribute a minimum of \$1,500 to the Building Fund over a maximum period of five years. This pledge will not be in effect until the second year of membership.*

### **Young Family Membership (both spouses under 35)**

- Total: \$1,350 / year

### **Young Single Membership (under 35):**

- Total: \$675 / year

As always, we will work with anyone in need of accommodation. We appreciate your membership, support, and participation and look forward to seeing you in shul.

**Annual Fees Commitment: \$** \_\_\_\_\_

**I / we here by apply for membership in the Jewish Center of Atlantic Beach. If elected to membership, I/we will conform to and obey the constitution, by-laws and other rules and regulations of the Congregation now in force or hereafter to be adopted. As a member, I / we will be entitled to all the rights and privileges set forth in the by-laws of the congregation.**

X \_\_\_\_\_

**Applicant Signature**

\_\_\_\_\_

**Date**